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APPLICATION NO.	FILING DATE		FIRST NAMED INVENT	OR	ATTORNI	EY DOCKETNO.	CONFIRMATION NO.	
09/683,239	09/683,239 12/05/2001			tette D/A1320Q			8312	
TITLE OF INVENTION:		MANAGEMENT SYST	EM WITH DOCUMEN	T IDENTIFIERS				
APPLN, TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DO	JE PREV. PAID ISSU	E PEE T	OTAL FEE(S) DUE	DATE DUE	
nonprovisional	NO	\$1400	\$300	SO		\$1700	09/06/2007	
EXAMINER		ART UNIT	CLASS-SUBCLASS					
CAMPBELL, JOSHUA D 2178			715-530000					
1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).  Change of correspondence address (or Change of Correspondence Address form PT/0/SB/I 222) attached.  "Fee Address" indication (or "Fee Address" Indication form PT/0/SB/I 220 or more recent) attached. Use of a Customer Number is required.			(1) the names of up or agents OR, altern (2) the name of a si registered attorney 2 registered patent a	rinking on the patient front page, list amanes of up 0.3 registered patent attorneys  2 OR, alternatively, amone of a single firm (having as a mempher a d attorney or agend) and the names of up to on oname will be print, Segment. If no muse is 3				
3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type) PLEASE NOTE: Unless an assignce is identified below, no assignee data will appear on the patent. If an assignce is identified below, the document has been filed for recordation as set for this 37 CRR 3.11. Completion of this form is NOT a substitute for filing an assignment.  (A) NAME OF ASSIGNEE  (B) RESIDENCE: (CITY and STATE OR COUNTRY)  XEROX CORPORATION.								
Please check the appropris	STAMFORD.	eategories (will not be pa	rinted on the patent) :	□ Individual ŒC	rporation c	or other private grou	p entity 🔲 Government	
4a. The Jollowing feo(s) are submitted:  12 Jassie Fee  12 July 12 July 12 July 12 July 13 July 14 Jul			A check is enclose  Payment by credit	Psyment of Fec(s): (Please first reapply any previously paid issue fee shown above)  A check is enclosed.  By Enginet by real tend, Form PTO-2038 is attached.  24-0025  The Director is hereby authorized to change the required face(T, ally office(Fry.) of credit any overparament, to Deposit Account Number.				
5. Change in Entity State  a. Applicant claims  NOTE: The Issue Fee and	SMALL ENTITY state	b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).  Ed from anyone other than the applicant; a registered attorney or agent; or the assignee or other party in Colline.						
interest as shown by the re	-		Office.	it tile appricatit, a regi	sicied altor	ney or agent; or me	assignce or other party in	
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